

**New Jersey Department of Corrections  
Residential Community Release Programs  
Bid No. PCS-2013  
RFP issued December 17, 2012  
Proposals due by January 14, 2013**

**Questions and Answers**

- Q1(a) On page 3 you refer to the need for level of service assessments and inmate risk assessments, are preferred Level of Service Inventory and/or Inmate Risk and Needs Assessment tools you require; such as the LSI-R?
- Q1(b) Are the assessment instruments used at the Assessment and Treatment Centers standardized? What instruments are used for males and what instruments are used for females?
- Q1(c) Does the DOC and the treatment and assessment centers utilize the same risk/needs assessment instrument? If yes, what instrument? If no, please list all the instruments utilized. Is there a gender responsive instrument used for female offenders? If so, what is it?

**A1(a–c) The Bidder may choose to utilize the LSI-R, the LSI-CMI or other theoretically informed, empirically supported, actuarial-based and standardized measurement of criminogenic risk and need instruments. Please note that the Department currently utilizes the LSI-R to assess inmates within the institutions.**

**It is the responsibility of the Bidder to provide a list and description of all assessment and screening tools that will be utilized, along with a detailed treatment approach and curriculum as noted in the RFP, Section II, 6.7, Treatment Continuum of Care in the bid response. The assessment and screening tools utilized must meet the principles of Evidence-Based Practice.**

**As noted in the RFP, Section II, 6.16 Specialized Gender-Specific Programs, the Department requires gender-specific services. It is the responsibility of the Bidder to provide gender-specific assessment and screening tools in their response, as appropriate.**

- Q2 On page 4 you refer to the completion of a Master Treatment Plan and an Initial Treatment Plan, how do you differentiate between these two plans?

**A2 The goal of the Department is for the Contractor who provides either Correctional Treatment or Work Release Programs to utilize the Master Treatment Plan that is developed at the Assessment and Treatment Center to develop an Initial Treatment plan for inmates assigned to their facility. The Department recognizes that the Contractor may wish to further assess the inmate and will need to**

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**monitor the inmates adjustment to the reduced level facility which may result in an updated Master Treatment Plan.**

- Q3            On pages 3 and 4 you describe the assessment process but do not mention mental health as an issue until the statement of work on page 52. As individuals often suffer from co-occurring disorders, to what extent do you prefer the mental health issues to be addressed?
- A3            **The Department recognizes that mental health evaluation is an essential element of the assessment process and that it should be addressed as deemed appropriate based upon the comprehensive assessments that are performed at the Assessment and Treatment Centers.**
- Q4            On page 4 you reference the need for 6 hours of structured activity per day, does this include employment hours?
- A4            **The inmates assessed risk and needs should guide the type of structured activity that the inmate is involved in. If one of the inmates assessed needs is related to employment, this might be considered as a part of the inmates structured activities.**
- Q5            As substance abuse treatment is a main targeted need area, are the counselors to meet state licensing standards in terms of qualifications? No page to reference. (General Question)
- A5            **Please see the RFP, Section II, 5.2, Staffing Qualifications, page 47.**
- Q6            When the mandatory standards for ACA accreditation of Adult Community Residential Services only address water supply, sanitation, safety and emergency procedures, fire codes, fire prevention, use of force, dietary issues, health codes and first aid, suicide prevention and offenders participating in research, why is the NJDOC mandating this accreditation for correctional treatment and work release programs? ACA standards do not improve the delivery of treatment services and will tax existing resources currently being used on CARF accreditation that does promote treatment in treatment programs. Would the NJDOC reconsider and allow providers who have a track-record of providing services and maintaining CARF accreditation to be exempt from ACA accreditation? (General Question)

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- A6**            **The Department has determined that the ACA accreditation for Adult Community Residential Services provides essential standards for safety and security at all of the Residential Community Release Programs. Public safety is the primary responsibility and obligation of the Department. The Department will not reconsider the requirement for all Residential Community Release Programs to obtain and maintain ACA accreditation.**
- Q7**            Would the NJDOC consider only mandating Level 1 assessment and treatment centers to be ACA accredited as it is more applicable to a secure setting? (General Question)
- A7**            **No**
- Q8**            Would the NJDOC consider ACA accreditation in lieu of licensure if licensure was eventually deemed required? (General Question)
- A8**            **No, these are completely separate requirements.**
- Q9**            As the NJDOC has had some difficulty identifying inmates for Work Release Level 3 facilities would it consider a hybrid of Level 2 and Level 3; a work release program that incorporates treatment and work release, but not holding clients in the program for the first three months? (General Question)
- A9**            **As noted in the RFP, Section I, 4.1, Residential Community Release Programs Structure, the Level 3 Work Release Programs will be expected to provide treatment as indicated.**
- Q10**           Are you requiring notification of local public officials for newly proposed programs or will existing programs be required to demonstrate that they have notified public officials about their contract proposal submission for continuing services? (General Question)
- A10**           **Newly proposed and existing programs are required to provide copies of the certified letter(s) notifying the local public officials of the intended program or the intent to submit a proposal that might result in the continuation of the program and copies of the responses from those local public officials in the bid response.**
- Q11(a)**       Could the DOC provide estimates of the anticipated breakdown of the number and types of beds comprising the total of approximately 2,542 beds? (Level 1, Level 2, Level 3) (Section I, 5.0: Statement of Need)

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- Q11(b) How many beds are being designated to phase II Correctional Treatment Programs, broken down by gender?
- Q11(c) How many beds are going to be designated to the Work Release Programs?
- Q11(d) Can NJDOC estimate how many Assessment and Treatment Center beds it expects to need?
- A11(a-d) As noted in the RFP, Section I, 5.1, Number of Program Beds, the number and type of beds awarded will be contingent upon the availability of appropriations and the proposed per diem rates received.**
- Q12(a) Operators often encounter delays beyond their control in the processing of criminal background checks. Will the department take such delays into account before assigning points for failure to meet this benchmark? (Section II, 2.2: Benchmarks (90% of staff vacancies shall be filled within 30 days))
- A12(a) The Department will provide the Contractor with the opportunity to submit documented delays in the processing of criminal background checks that may have impacted their ability to fill positions in a timely manner and will take this into account prior to assigning points for failure to meet this benchmark.**
- Q12(b) Positions are often open 30 days or more due to the time it takes to advertise, interview, get background checks returned, get references and have the candidate give notice (usually 2 weeks) to their current employer. It would be unusual to be able to fill a position within 30 days. Do you mean 30 days from when the background check is returned from DOC? Providing a written plan for each position that goes over 30 days essentially means a written plan for every position unless there is an inside candidate. Can you clarify? (Section II. 5.13 Quarterly Staff Rosters page 51)
- A12(b) Please note that it has been a NJDOC requirement that “every effort is made” to backfill positions at the RCRPs within 30 days since 2004. It is the responsibility of the Vendor to develop a staffing strategy to meet their needs. The Department understands that there may be occasions when a position is not filled within the 30-day period that is outside the Contractors control and as noted above, will consider**

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**documented delays in the hiring process prior to assigning points for failure to meet this benchmark.**

Q13            Should the Application to Contract- the first 5 pages of the RFP be sent in prior to the due date of 1/14/13? (General Question)

A13            **The Application to Contract may be submitted prior to the due date of 1/14/13 or may be submitted with the bid response as noted in the RFP, Section I, 6.9 Bid Response Submission Deadline, however, in all cases the Application to Contract and the Bid Proposal must be received no later than January 14, 2013 by 4:00 p.m.**

Q14            If a bidder submits a proposal for multiple sites but would also like to have each site eligible for an individual contract award (assuming DOC does NOT accept the multiple site bid), do each of the sites need to be separately as well? (p. 15/Section I, 6.6, Multiple Proposals)

Can a bidder submit the following to be considered as individual bids:

- a. A bid containing multiple program sites, AND
- b. Assuming DOC does not accept the multiple site bid, separate bids for each of the individual sites contained in the multiple site bid?

A14            **The Bidder may submit a bid for a program at more than one site (facility) location and submit separate bids for each of those sites, however the Bidder must clearly articulate their preference for single or multiple sites.**

Q15            Over the past years how many of the same facilities have been awarded contracts for work release? (Letter of Intent)

A15            **This question is not relevant to this RFP.**

Q16            Can the RFP applicant apply just for Work Release (phase III) or does the RFP have to reflect phases 1-3 as a whole? (Section I/4.0/Pg(s)3-5)

A16            **The Bidder may submit a proposal for a Level 3 Work Release Program as defined in the RFP, Section I, 4.1, Residential Community Release Programs Structure, C, Work Release Programs – Level 3 Facilities and/or may submit a proposal for Assessment and Treatment Centers or Correctional Treatment Programs as defined in**

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### **Section I, 4.1, Residential Community Release Programs Structure, pages 3-5.**

- Q17 Will NJDOC contract with a new 501(c)3 agency (w/o penalty) that has not yet acquired an independent audit? (Section I/ 5.3/Pg(s)8)
- A17 **Please see the RFP, Section I, 6.I7, Proposal Format and Content, Section I, C Financial Statements. This section sets forth the requirements the bidder must submit.**
- Q18 To apply for this RFP what are the number of years required for a non-profit 501(c)(3) organization to be established? (Section II/7.3/Pg(s)22-23)
- A18 **There is no set number of years required for a nonprofit to be established in order to respond to the RFP. Please be advised that the Bidders Qualifications and Experience is considered in the Technical Evaluation Criteria and will be scored accordingly.**
- Q19 What is the estimated time frame for applicants to be notified of the contract awards? (Section II/C/Pg(s)18)
- A19 **The Department anticipates awarding the contracts by March 1, 2013. The number of bid responses received may impact the anticipated date.**
- Q20 Since 2004, providers were given a choice of accreditation bodies – either ACA or CARF. This RFP eliminates the choice. It was our understanding that the Attorney General ruled that a funder must give a choice of accrediting organizations to avoid creating a monopoly. Why is this choice not being provided with this RFP? (Section I, 1.0 Purpose and Intent, page 1)
- A20 **Please provide specific citation for the ruling you reference.**
- Q21 The supervised holding area. Should this be a secured “locked” room or is this an area that requires the offender to be visually observed? (General Question)
- Q21 **The Bidder should be guided by the Level of the type of facility they are bidding for. See the RFP, Section II, 8.4 Facility and Grounds Security, pages 63-65 for additional guidance.**

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- Q22            Since CARF has standards that fit very well with Community Corrections Programs and which are rehabilitation oriented, rather than prison oriented, can CARF be an option for those programs who are Level Three Work Release Programs? (Section I. I.0, Purpose and Intent, A. Page 1)
- A22            **The Contractor may choose to obtain CARF, but will be required to obtain and maintain ACA accreditation.**
- Q23            Does the Department of Corrections have a preference or recommendations on a management information system to track real time case management and outcomes? (Section II. 4.13 Management Information System (MIS) Page 46)
- A23            **The Department does not have a preference or recommendations on any particular proprietary system to track real time case management and outcomes. Whatever tracking method is used, Contractors will be required to minimally provide identifiable records of inmates served by each facility for service outcome evaluation purposes, including service and assessment location(s), type(s) and dates. The records shall include the critical characteristics identified in the RFP, Section II, 4.13 B.**
- Q24            Please explain what is meant by a proposed facility site plan and what needs to be included? (Page 11, Section 6.2. Paragraph 5.0)
- A24.            **The Facility Site Plan shall include the floor plans for the proposed facility, to include, at a minimum, all areas of ingress and egress, emergency exits, lavatory and shower facilities to include number of showers, toilets, etc., proposed bed rooms and bed lay-out, staff offices, dining facilities, recreation areas, treatment and group areas.**
- Q25            Will someone be available in Room 211 to sign delivery confirmation from a courier? (Page 20 Section 6.9)
- A25            **Yes**
- Q26.            Are bank accounts to be established for ONLY inmates who are employed? Is the requirement for individual accounts per each inmate rather than a joint account? (Page 58. Section 7.3, Paragraph 4)
- A26.            **Yes, all employed inmates must establish a bank account as detailed in the RFP, Section II, 7.3, Inmate Financial Information (4),**

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**Banking/Credit- Employed Inmates. Each individual inmate must open a bank savings or passbook account.**

Q27. Under what circumstances might an Assessment and Treatment Center provider be permitted to refuse admission to a client based upon medical reasons? Are the inmates who are being sent to an Assessment and Treatment Center already tentatively cleared for RCRP placement? If so, have they been medically cleared or what is the process to medically clear them? (RFP page 54, 6.9 Medical and Exhibit E: Assessment and Treatment Centers – Emergency and Non-Emergency Medical, Dental, Mental Health and Pharmaceutical Services; General questions, pertaining to Assessment and Treatment Centers)

A27. **An Assessment and Treatment Center provider could potentially refuse an inmate candidate if the health condition of the candidate was so impaired that RCRP programming could not reasonably be expected to benefit the Inmate an Assessment and Treatment Center provider could refuse an inmate if participating in RCRP programs or housing would place the inmate's health or life at risk.**

**Inmate's medical records and health are reviewed prior to release to an Assessment and Treatment Center. Inmates are cleared for participation in accordance with Procedure MED.IMA.008 (attached).**

Q28. Regarding the EMR forms and process, what medical records will be shared by the institution with the Assessment and Treatment Centers? Also, please comment as to how continuity of care is to be provided upon assignment to an assessment center and when the particular inmate is transferred to an RCRP. (Page 1, Section 1.0 Medical Services to be Provided, A3. Intrasystem Transfer Screening Medical Services)

A28. **The Assessment and Treatment Centers are expected to be logged into and part of the NJDOC Electronic Health Records System. As such they are part of the NJDOC treatment team and see all the medical records that NJDOC treating staff see. Assessment and Treatment Centers medical staff will have update (write) privileges to the EHR and will be required to make entries. The EHR thus guarantees continuity of care.**

Q29. Can the NJDOC provide the number of residents admitted to Saint Francis Medical Center from an assessment center for inpatient stays over the last



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year period? What was the average length of stay for inpatients and the associated costs? How many assessment and treatment center participants were referred to and treated as outpatients at St. Francis in the last year? What was the average cost of an outpatient medical visit? (Page 4, Section 5.0 Hospital Care, A. Saint Francis Medical Center)

- A29.      Assessment and Treatment Centers and RCRPs would not be responsible for inpatient care. If an Emergency Department visit results in an admission the inmate is automatically transferred back to the care of the NJDOC.**
- Q30.**      Exhibit E contains language pertaining to the Contractor's responsibility for medical conditions routine and catastrophic, including dialysis for persons with end-stage kidney disease. Currently, it is our experience that those needing dialysis are not sent to an assessment center, but rather to an RCRP. Will this procedure remain in effect, or should Bidders of Assessment and Treatment Center Programs work with the idea that they will, in fact, receive and need to pay for the treatment of dialysis? It is difficult to identify all medical cost possibilities when determining a per diem rate. One resident with a catastrophic illness could place a contractor in financial difficulty. Capping the medical expenses would seem beneficial overall to both the Contractor(s) and the NJDOC. Will the NJDOC consider establishing a cap on the medical expense exposure a Contractor has? (Page 5, Section 5.0 D. Pricing Requirement for Acute and Chronic Care)
- A30.      Our expectation is that inmates in need of dialysis will be sent directly to an RCRP with easy access to an NJDOC dialysis center. The Assessment and Treatment Centers would not be expected to provide dialysis. A cap would provide no benefit to the Assessment and Treatment Centers. Medically complex cases would be retained within the NJDOC where they are more efficiently treated. The Assessment and Treatment Center's exposure is limited to the Emergency Department. Inmates who become frequent users of the ED would be candidates for return to the NJDOC. Individual cases may always be discussed with the NJDOC Medical Director however there should not be an unrealistic expectation that cost avoidance will be commonplace or automatic.**
- Q31.**      Is each bidder asked to submit a Best and Final Offer? (RFP Page 22, Section 7.2 Best and Final Offer (BAFO))

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- A31. Please note that the RFP, Section I, 7.2, Best and Final Offer (BAFO) states that the “After evaluating proposals, the NJDOC may request that Bidders submit a BAFO....”.**
- Q32. The RFP lists the positions regarded as key decision makers, but uses titles that may differ from ours. As long as the duties and responsibilities in the position descriptions are acceptable, is it all right to substitute the titles used by NJDOC with the Bidder’s own (equivalent) position titles? (RFP page 47, Item 5.3, last paragraph)**
- A32. The Bidder may utilize preferred titles, but must provide a description of each title as well as job duties for each title as noted in the RFP, Section II, 5.5, Staffing Pattern. Regardless of the title utilized, all staff who are the key decision makers or who may be asked to make key decisions in the absence of a Director or other key decision maker must be employed by the Contractor.**
- Q33. What are the critical service distinctions between Level I and Level 2? (Section 1/4.1Pg(s) 3&4)**
- A33. The Level 1 Facilities are the Assessment and Treatment Centers as defined in the RFP, Section I, 4.1, Residential Community Release Programs Structure A. The Level 2 Facilities are the Correctional Treatment Programs as defined in the same section and number, B. Additionally, you may wish to review Section II, 8.4, Facility and**